

DEPARTMENT OF THE TREASURY  
UNITED STATES CUSTOMS SERVICE

**HARBOR MAINTENANCE FEE  
QUARTERLY SUMMARY REPORT**

19 CFR 24.24

SEND TO: U.S. CUSTOMS SERVICE  
P.O BOX 70915  
CHICAGO IL 60673-0915

Approved through 10/31/95. OMB No. 1515-0158

|   |  |  |   |                              |
|---|--|--|---|------------------------------|
| 1. IDENTIFYING NUMBER   |  | <input type="checkbox"/> EIN or<br>IRS No. | <input type="checkbox"/> Customs<br>No. | <input type="checkbox"/> SSN |
| 2. NAME OF COMPANY OR INDIVIDUAL  |  |  |   |                              |
| 3. COMPLETE MAILING ADDRESS   |  |  |   |                              |
| <input type="checkbox"/> Check here if address has changed since last filing. |  |  |   |                              |

|                     |                         |  |  |  |  |
|---------------------|-------------------------|--|--|--|--|
| 4. REPORTING PERIOD | QUARTER<br>(one only) ▶ | <input type="checkbox"/> 1 Jan. 1 -<br>Mar. 31 | <input type="checkbox"/> 2 Apr. 1 -<br>Jun. 30 | <input type="checkbox"/> 3 Jul. 1 -<br>Sep. 30 | <input type="checkbox"/> 4 Oct. 1 -<br>Dec. 31 |
| YEAR ▶ 19           |                         |  |  |  |  |

| TYPE OF SHIPMENT<br>(CLASS CODE)  | 5.<br>VALUE OF SHIPMENTS | 6.<br>VALUE OF EXEMPTIONS<br>(From Corresponding Columns<br>A to D of Line 14.) | 7.<br>NET VALUE<br>(Column 5 less column 6) |
|---|--------------------------|---|---|
| A. EXPORTS . . . . . (502)  |                          |   |   |
| B. DOMESTIC MOVEMENTS . . . (503)   |                          |   |   |
| C. FTZ ADMISSIONS . . . . . (505)   |                          |   |   |
| D. PASSENGERS . . . . . (504)   |                          |   |   |
| E. TOTAL NET VALUE ON WHICH HMF IS TO BE CALCULATED (Sum of Column 7 Lines A to D.) . . . . . |                          |   |   |

8. HMF DUE (Multiply the amount on Line E by the appropriate rate for this reporting period; see instructions.) . .

| ITEMIZATION<br>OF EXEMPTIONS   | A.<br>EXPORTS | B.<br>DOMESTICS | C.<br>FTZ's | D.<br>PASSENGERS | E.<br>TOTAL |
|--|---------------|-----------------|-------------|------------------|-------------|
| 9. EXEMPT PORT . . . .   |               |                 |             |                  |             |
| 10. INLAND WATER-<br>WAY FUEL TAX . . . .                                  |               |                 |             |                  |             |
| 11. INTRAPORT . . . . .  |               |                 |             |                  |             |
| 12. U.S. MAINLAND/<br>STATE/POSSESS. . . .                                 |               |                 |             |                  |             |
| 13. OTHER . . . . .  |               |                 |             |                  |             |
| 14. TOTALS (Also enter amounts in<br>14A through 14D in 6A thru 6D above.) |               |                 |             |                  |             |

15. CERTIFICATION

I hereby certify under penalties provided by law that the above information regarding the Harbor Maintenance Fee is complete and accurate to the best of my knowledge.

Please  
Sign  
Here



Signature

Date

|   |  |
|---|--|
| 16. TYPE OR PRINT NAME OF PERSON WHO PREPARED THIS REPORT (If same as block 2, write "Same".) | 17. TELEPHONE NO. INCLUDING AREA CODE<br>( ) |
|---|--|

Privacy Act Notice: The following information is given pursuant to the Privacy Act of 1974 (Pub. L. 93-579). The disclosure of the social security number is mandatory when an Internal Revenue Service number is not disclosed whenever an identification number is requested. Identification numbers are solicited under the authority of Executive Order 9397 and Pub. L. 99-662. The identification number provides unique identification of the party liable for the payment of the harbor maintenance fee. The number will be used to compare the information on this form with information submitted to the Government on other forms required in the course of shipping, exporting, or importing merchandise, which contain the identification number, e.g., the SED, Vessel Operation Report, to verify that the information submitted is accurate and current. Failure to disclose an identification number may cause a penalty pursuant to 19 CFR 24.24(h).

Paperwork Reduction Act Notice: The Paperwork Reduction Act of 1980 says we must tell you why we are collecting this information, how we will use it and whether you have to give it to us. We require the information to carry out the Harbor Maintenance Revenue provisions of the Water Resources Development Act of 1986. We need it to ensure that the trade community is complying with this Act, and to allow Customs to determine if the correct amount of Harbor Maintenance Fee (HMF) is collected. You are required to give us this information.

Statement Required by 5 CFR 1320.21: The estimated average burden associated with this collection of information is 26 minutes per respondent or recordkeeper depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to U.S. Customs Service, Paperwork Management Branch, Washington DC 20229. **DO NOT send completed form(s) to this office.**

**Customs Form 349 (082195)**